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7590 07/09/2004

RHODES COATS & BENNETT
 1400 CRESCENT GREEN
 SUITE 300
 CARY, NC 27511



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ALFONSO G. SANDOVAL	(Depositor's name)
<i>Alfonso G. Sandoval</i>	(Signature)
SEPTEMBER 30, 2004	(Date)

10/05/2004 LWONDIM2 00000072 08905701

01 FC:2501

665.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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08/905,701

08/04/1997

FRED STEVEN ISOM

5746

TITLE OF INVENTION: METHOD OF SEQUENCING COMPUTER CONTROLLED TASKS BASED ON THE RELATIVE SPATIAL LOCATION OF TASK OBJECTS IN A DIRECTIONAL FIELD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OPIE, GEORGE L	2126	719-316000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 3 CARY, N.C. 27511

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 8-1167 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

*Ray A. Lutz**9/30/04*

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